

the difficulty of the problem and the inadequacy of scientific medicine in meeting it. Those of us who, through a lack of interest or knowledge, do not wish to handle the therapy of alcoholism ourselves should at least be prepared to advise in general terms and to steer the alcoholic into competent medical hands.

Doctor Wilson's approach to the alcoholic problem is an interesting and stimulating one. Certainly any adequate therapy of alcoholic addiction must take into consideration the personality of the addict, as well as the chemical and pathologic changes that are present in varying degrees. Treatment aimed at the elimination of the last-named factors rightly initiates our handling of the individual case. Doctor Wilson's suggestions along this line merit further observation and study in a larger series of cases.

The subject of individual maladjustments and personality disorders is too broad to be covered in the present discussion. We can agree with Doctor Wilson that success in the handling of such cases depends on an adequate analysis of the individual case, followed by reeducation, both mental and physical. Such treatment offers the best, indeed the only, chance of permanent cure, and undoubtedly succeeds in a percentage of the milder cases of alcoholism.

The truly pathologic type of alcoholism eventually falls into the hands of the neuropsychiatrist and is, in my experience, one of the most difficult problems he is called upon to meet. Here one is confronted not only with lack of cooperation on the part of patients—a large majority of whom consult us, not because of their own desires, but because relatives or friends insist upon it—but frequently with actual inadequacies in constitutional make-up and definite psychoses. In another group, despite a potentially normal make-up, the chemical and pathologic changes mentioned by Doctor Wilson have become irreversible rather than reversible. In such cases a controlled environment, often for a considerable period of time, is requisite for successful treatment.

Doctor Wilson has outlined a viewpoint and method of approach to the problem of alcoholism which should prove of definite value to every internist dealing with these cases.

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AARON J. ROSANOFF, M. D. (1908 Wilshire Boulevard, Los Angeles).—A rather pessimistic note is to be detected in Doctor Wilson's paper, especially with reference to the more severe types of cases of chronic alcoholism. In my opinion this is justified by many discouraging experiences.

Millions of people drink, yet only thousands become chronic alcoholics. It is obvious that the nature of the soil is an important factor in etiology. To what extent this is inborn and to what extent this originates in social environment is a question that no one could answer fully, but undoubtedly both inborn and environmental factors combine to produce the phenomenon of chronic alcoholism in a small percentage of individuals.

I have had an opportunity of discussing with Doctor Wilson the special plan of treatment which he has outlined in this paper. I have had no personal experience with it; but I have witnessed the trial of this treatment in three cases which I had had under my care. The results were unsatisfactory, both while under my care and while under the treatment described by Doctor Wilson.

In an experience extending over a third of a century with more than two thousand cases of chronic alcoholism, I, too, have come to be pessimistic about the prognosis. I believe there is no such thing as a cure for chronic alcoholism. It is true that about 10 or 15 per cent of the cases do recover, but such recovery in my experience is to be attributed not so much to the method of management as to a more than usually favorable soil in the temperamental make-up of the individual.

As alcoholism continues it invariably leads to further deterioration of temperament and character, and thus a vicious circle is established until a point is reached eventually when the prognosis becomes quite hopeless. In other words, something might be accomplished in a limited percentage of cases of recent origin, but hardly anything in cases of old standing.

Recently I had an occasion to review a Russian contribution on the subject of alcoholism (*American Journal of Psychiatry*, 92:992, January, 1936). Under the special conditions which now prevail in the Soviet Union, real success on a large scale has been attained in the management of alcoholism. Drunkenness, acute and chronic, has always been a vast problem in the Russian Empire. I doubt if anything of practical value is to be gained here from a study of the management of this situation as it is organized in the Soviet Union today; their methods could not be applied in this country.

THE LURE OF MEDICAL HISTORY†

CALIFORNIA'S FIRST MEDICAL SURVEY: REPORT OF SURGEON-GENERAL JOSÉ BENITES*

A TRANSLATION‡

By SHERBURNE F. COOK, Ph.D.
Berkeley

IN 1804, the surgeon-general at Monterey, José Benites, was called upon by the Viceroy to make a report on the state of health of the whites and Indians in the California settlements. This report, or "Informe," forwarded under the date of January 1, 1805, has been frequently mentioned by persons writing on California medical history, and small portions were translated by Father Zephyrin Engelhardt.¹

However, the complete document has never been translated, nor have the comments and criticisms of the royal director of the treasury and the Royal Medical Board ever received attention. These, in themselves, throw valuable sidelights upon the status of the medical profession and public health in the early nineteenth century. All three documents are to be found as copies in the Santa Barbara Archives, Vol. 3, pp. 4-12, as they are at present bound in the Bancroft Library, Berkeley.

†A Twenty-Five Years Ago column, made up of excerpts from the official journal of the California Medical Association of twenty-five years ago, is printed in each issue of CALIFORNIA AND WESTERN MEDICINE. The column is one of the regular features of the Miscellaneous department, and its page number will be found on the front cover.

* From the Division of Physiology, University of California Medical School, Berkeley.

‡ Editor's Note.—Where and how the author found this interesting original report is stated in the following letter:

To the Editor:—Not long ago, while looking over the Santa Barbara archives, I came upon the original Benites report of 1805, together with two other related documents. Since this was the first comprehensive report ever rendered by a physician concerning the state of health of the inhabitants of this State, and since it has never appeared as a whole in print, I have translated it, together with the comments of the Royal Treasurer and the Royal Medical Board of Mexico City. I may add that the report contains what, as far as I am aware, are the earliest case histories from the State as described by the attending physician.

Thinking that these documents might possibly be of interest to the medical profession of the State, I am forwarding translations herewith, submitting them for publication, if you think desirable, in CALIFORNIA AND WESTERN MEDICINE.

Very truly yours,
S. F. COOK.

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¹ *Missions and Missionaries of California*, Vol. 2, p. 608. See also Cephas L. Bard: *A Contribution to the History of Medicine in Southern California* (Ventura, 1894), p. 18; George D. Lyman: *California Hist. Soc. Quarterly* (1925), Vol. 4, p. 150; and Henry Harris: *California's Medical Story* (San Francisco, 1932), p. 28.

REPORT OF SURGEON-GENERAL JOSÉ BENITES

Benites' report is as follows:

Monterey, Jan. 1, 1805.

Your Excellency:

I am complying with the superior order sent by the kindness of your Excellency for the betterment of humanity, dated September 4, 1804, which has been given to me by the Governor, Don José Joaquín de Arrillaga, that I should report on the various illnesses which I have observed and their causes. I state they are the following:

First syphilis, or French malady (*morbo galico*); humid climate with continuous heavy fogs, and great cold. The causes of the first are the use of polluted water employed for all preparation of food, the lack of cleanliness in their homes due to disinclination toward such, their lack of space, and the presence of an estuary (inlet), near the Presidio, without communication to the sea except in the winter, and even then so stagnant that it spreads putrefaction, which is the origin of diseases. The waste water from the laundry, which is located about four varas (yards) from the above-mentioned estuary, serves for the preparation of food, good water being a league and a half distant. The infrequent use of vegetables, or lack of taste for them; the constant exposure of this people to the humidity, fogs and the rains in their season; and the frequent habit of drying their clothes on their bodies by natural and artificial heat are causes for corruption.

The second I ascribe to the first cause.² The third, although not very frequent, is produced by the excessive cold, which in suppressing perspiration is cause of a congestion about the lungs when they themselves are exposed to the effect of the cold. This happens much more when inflammatory sciatica prevails, due to overexertion and loss of sleep. This I observed from the tenth of September, 1803, until the middle of January, 1804, during which time the winter was very severe and rainy. They all (the sick) recovered due to my assistance, except a sexagenarian whose name was José Soberanes, a retired soldier of this company, in whom at my arrival the pneumonia or inflammation of the chest of which he suffered had terminated as gangrene and caused his death, in spite of the treatment given him to alleviate the terrible progress of the inflammation. Xavier Avila, a soldier of the above-mentioned company, suffered from a dysentery for two months. I assisted him with the most efficacious medicines which I have at my disposal, and according to the precepts of the most learned authorities, and succeeded in restoring his health to the point where he was able to go across the plaza; and I advised him to follow a reasonable diet. But paying attention neither to my advice nor his own discomfort, he gave himself up to eating foods hard to digest, and in a few days suffered a relapse of the same illness, only this time more severe than the first attack. I gave him the same medicines as I have stated above. Paying no attention to the weak state in which he found himself, he continued with his excesses, repeatedly arising from his bed, sitting by the hearth, or fireplace, which they use in their kitchens, eating beans and chili, and not minding the entreaties and appeals by which I tried to make him realize how serious his situation was, and how imminent his danger of death. I had the honor of visiting him with the most Rev. Father Fray Antonio Jayme, and we found him by the above-mentioned hearth, on the damp floor (as all these houses are) eating entrails, or tripe, fried in the embers, as is the inveterate habit of all of them (the soldiers). This immoderation, and those above mentioned, caused his death on the twenty-fourth of December of last year.

Since then I have observed two patients with pleurisy, one of twenty-four years of age, and a girl with dysentery, three years old; all these now enjoy perfect health. Maria

Dolores Cantua, in consequence of a difficult delivery and of a hard deposit formed in the abdominal viscera, died after twelve days from secondary effects of the parturition. During this period there have been a few wounds in the service, some serious and others which have been cured perfectly.

Your Excellency, in this place, in order to further the comfort and nurse the illnesses of the troops and neighbors of this Presidio, and of others, it would be good if we had a room³ to help them. Hitherto, for lack of this and other equipment, many of them have had to be abandoned, to sleep in their homes in one bed with their wives, not having another, from which results spreading of diseases and detriment to the Royal Service. Also the unmarried men in the Presidio are left by themselves in the hands of their own kind. All this I call to the attention of the kindness of your Excellency that you may make disposition according to your superior pleasure.

Having gone out by order of the provisional commandant, Don José Antonio de la Guerra y Noriega, to help the Reverend Fathers in the mission of La Soledad, at the request of said Fathers, I investigated and observed among their neophytes syphilis, pleurisy, inflammatory fevers, and a climate foggy and windy in the extreme. In the mission of San Antonio, under the right Reverend Father Marcelino Sipres, I observed tuberculosis in its different stages, and also syphilis. In San Juan Miguel, where I stayed two days at the request of the Right Reverend Father Fray Juan Martínez, I observed dysentery; and according to the report of that clergyman, who with real interest asked me for help for his neophytes, I know that this illness is still in progress. The climate of this mission is the same as that of San Antonio, for both are subject to seasonal extremes of heat and cold.

In the mission of San Luis (Obispo), at the request of the Reverend Father Fray Luis Martínez, in a hospital which he has for his neophytes, in which I found about thirty patients, the greater part being women, I found tuberculosis and syphilis in the highest degree, and the Father informed me there were many more who suffered of the same disease. Nevertheless, I did my best during the ten days I was there. In the mission of San Carlos, which I have visited several times, I have seen several of its neophytes, the majority of whom had scrofula. On the way to San Francisco to treat the Commandant of that Presidio, in the mission Dolores I found much scrofula, syphilis, and a moderate climate. In the mission of San Juan Bautista (there were) syphilis, some tuberculosis and a windy, cold and foggy climate.

The causes of these diseases are: impure relations on an excessive scale, the great filthiness of their bodies and villages, direct and indirect contact, the sick sleeping with the healthy ones, the custom of frequently exchanging clothes, the loss of sleep during their games and dances, in which games and dances they all sing, reinforcing by movements (of their bodies) the organs of respiration; the depraved use of a sweat-house (*temescal*), made in the center of earth, around the circumference of which can lie at least twelve [persons] who enter by a little door and force themselves to sweat by a fire. Since these sweat-houses are always located near a fountain or pool, they come out of the warmth and jump in the cold water. To these indiscretions, which I have seen, and others of which I have been told, are due the diseases mentioned, and in spite of the charitable zeal of the Reverend Fathers in taking me to their villages that I might apply to them some medicines, to such an extent reaches their barbarism that they prefer to believe others who tell them that the Father is killing them. Scorning this help (that of the priest and physician), they doctor themselves by washing their sores or wounds, and scarifying themselves with flints, even to the eyelids, whatever the sickness is, not to mention other atrocities which they perpetrate.

If it should be pleasing to your Excellency, in your great charity, that I may go to the other missions and the Presidios of the Channel [Santa Barbara] and San

² The text here is ambiguous. *La segunda* and *la tercera* may refer to a list of diseases of which the first, syphilis, has already been discussed. However, no such list appears. On the other hand, they may refer to the "humid climate" and the "great cold" respectively. If this is true, a confusion appears to exist in Benites' mind with respect to cause and effect between these natural phenomena, and the diseases he associates with them. The translation is quite literal at this point.

³ *Una sala*. A room or hall to serve as a small hospital or infirmary.

Diego to examine the diseases of their neophytes, which I will observe with all the thoroughness which is granted me by God our Lord, and if the mercy of His Majesty, and of your Excellency orders me to do this for the good of humanity, then in the fulfillment of my duty and for the honor of my profession I shall do it. May God our Lord preserve your Excellency for many years.

(Signed) JOSÉ BENITES.

TRANSMITTAL LETTER OF OFFICER BORBON, FISCAL
OF THE ROYAL TREASURY

Benites' statement was forwarded to the Fiscal, or the officer in charge of the Treasury, who usually commented on such reports, and made recommendations concerning their disposition. The Fiscal wrote as follows:

Mexico City, April 27, 1805.

Your Excellency:

The Fiscal of the Royal Treasury states that the governor of New California is sending to this high court the account or report which was sent to him by the surgeon of the Presidio of Monterey, Don José Benites, concerning the different sicknesses which he has been able to observe during his stay there and which the inhabitants suffer most frequently, stating that it would be advantageous to establish a "sala" or hospital where the troops and neighbors of the Presidio and others might be treated for their ailments with somewhat greater facility.

The object of such reports should be no other than (to make it possible) to adopt the most favorable and practicable measures for the welfare of humanity, either by completely destroying the contagiousness of some diseases, which have become almost indigenous to those countries, or, if this is not possible, to adopt measures to check their spread. Both purposes conform to the spirit of the Royal Decree of the 8th of November, 1797, which undertakes as far as possible to relieve and alleviate the distress of the Indians of Old California, and in harmony with which it was also decided to send to New California a physician with an adequate stipend. It is the opinion of the Fiscal that in order to achieve, in so far as possible, such desirable ends your Excellency should order that this communication be forwarded to the Royal Medical Board.⁴ This is in order that, having become acquainted in detail with the report of Benites, it may point out the measures and regulations which by virtue of its practical and scientific knowledge it deems most likely to yield a system adapted to the climate and other qualities of the country as described by the afore-mentioned surgeon, with the object that, in accordance with the nature of circumstances as they arise, he may be able to put it into practice and use it according to the knowledge his experience there has given him. A proclamation of the decision made by the above-mentioned Board should be sent him through the governor with a provision that if his affairs should permit him, he might go to visit the missions and the Presidios of San Diego and the Channel in order to secure information concerning the diseases which are most common there and the most convenient means for the relief of the inhabitants. He should continue to send annually the accounts and reports required by the superior decree of September 4, ultimo.

Although the critical and pressing condition of the exchequer does not permit at present the establishment of a room or hospital as proposed by Benites, the emergency seems to the Fiscal adequate to warrant that your Excellency be pleased to order that when the Royal Medical Board has prepared its report, it having been sworn to and recorded, the report of Benites, and this reply, if it merits the acceptance of your Excellency, should be forwarded to the Illustrious Diocesan (the Bishop of Sonora). Then, after he has informed himself of the matter he may adopt, for such a meritorious and necessary purpose, those measures dictated by his notable pastoral zeal

for the welfare of humanity and the aid of his spiritual subjects; communicating his decision to the said governor for his information. (Signed) BORBON.

COMMENT OF THE ROYAL MEDICAL BOARD

This reply was approved by Viceroy Iturrigaray on May 3, 1805, and the report of Benites passed on by the Royal Medical Board. The latter considered the matter and returned the following statement:

Mexico City, May 10, 1805.

The diseases to which Don José Benites refers and which have been observed at the Presidio of Monterey, as well as at various missions visited by order of your Excellency, are common to the whole country and are seen among the entire population, for they are of the type that are caused by the disorders of the people or simply by the changes of season. Nothing can be argued against the climate of those provinces where there exists an endemic or regional debility except with respect to nutritional excesses and irregularities, and hitherto climates have been considered healthy when bad water, the estuaries, and other various causes of bad health have not produced the corresponding effects such as diseases of filth and relapsing fevers of which Benites makes no mention; nor are the diseases very numerous, for in one mission he saw only dysentery and in the others syphilis in advanced stages, and of considerable frequency.

No method can be devised which can spare the inhabitants the diseases which they suffer since the latter are due to inevitable causes and voluntary indiscretions; to the first belong the extreme cold, the lack of shelter, the bad water, lack of vegetables, and badly prepared meats; to the others belong carnal promiscuity, the mingling with infected persons, and the natural slovenliness of a people as yet little civilized, and who, in case of sickness, despise rational medicines, and use only the empirical treatment dispensed by their national doctors, each of which has knowledge only through his own experience.

Not only in those remote provinces is this the case, but even in our own country, and home. In the latest epidemic of smallpox, which occurred in Tacubaya (Mexico) where (I) was sent as doctor by the Regent Guebara with a supply of medicines to help them, the sick went into the back country and up to the hills to avoid being treated, and would go only to a medicine woman at Escapualco. The same thing happened at San Salvador El Verde near Puebla, where some malignant fevers were detected and the commissioner, Don Ciriaco Carbajal, agreed with this Board in sending a physician to cure the sick, who, as soon as they learned that the professor had arrived, would hide themselves or deny their existence. This being understood, what can be expected of the inhabitants of California when those who are more enlightened resist rational treatment? The means of relieving the former could be administered by Benites, although not with all the breadth and skill of a professor of medicine, but the difficulty is that they may not follow his rules and that the salutary measures for their relief may be rendered useless.

There is no doubt that the establishment of an infirmary, into which the patients might be gathered, would facilitate their normal convalescence and be of the greatest assistance to Benites, but in addition to the difficulty pointed out by the Fiscal concerning its construction there is that of being able to get hold of the sick persons on account of the aversion they hold to such asylums. And, furthermore, there is the matter of accessory expenses such as arise in hospitals in connection with the administration of medicines and the care of the convalescents. If, actually, these obstacles could be overcome the establishment of an infirmary would be an advantage and help to those people, and it would be possible to alleviate principally syphilis, which, neglected and unattended, spreading by all the means of which it is capable, raises havoc with whole populations.

Understanding these things, your Excellency will adopt those measures which seem to your judgment best suited to the situation.

(Signed) JOSÉ VICUNA, Muro.

⁴ *Real Tribunal del Protomedicato*. Literally, Royal Board of King's Physicians. An advisory committee consisting of physicians of the highest professional standing.

CONVERSATIONAL GEMS OF DR. J. P. WIDNEY*

*Founder of the Los Angeles County Medical Association:
At Age of Ninety-Five Still Active in Literary
and Church Work*

It is not enough to read a good book—reread it and grow up with it.

A good book should be a friend—not a chance acquaintance.

Little Timothy ought to yield a good crop—he's been sown in good soil.

The danger to a republic comes when men begin to sink their patriotism in their personal interests and their prejudices.

The moment a man admits the working of the law of cause and effect he is not an atheist.

"Cut your coat according to your cloth." You cannot make a frock coat out of a jacket.

Do your duty faithfully and your reputation will take care of itself.

"It is the unexpected that happens." Guard against the thing that never happens.

Let your horizon line be broader than self.

French is an eye-language. It is a nimble language.

Don't throw away your bread because you can't have butter on it.

If you would live, have something to live for; a man does not die until his work is done.

It takes a warm heart to win warm friends.

Truth may be so told as to become a lie.

In music, the sharps have pathos and majesty—the flats are smooth and mellow, but commonplace.

(To be continued)

CLINICAL NOTES AND CASE REPORTS

UNUSUAL CASE OF FIBROMYOMA UTERI

By STANLEY E. COFFEY, M.D.

AND

ERMANELL C. COFFEY, M.D.

Orland

A SURVEY of the literature anent fibroids in general seems to indicate a pretty fair agreement that the incidence of these tumors in girls under the age of twenty is to be considered a rarity. It is with this idea in mind that we submit herewith the following case report, interesting, on the one hand, from the standpoint of the patient's age and, on the other, from the standpoint of differential diagnosis in this particular case.

Anspach¹ quotes that in forty-two cases, reported by Laudau and occurring between the age of twenty and thirty years, only two of the patients were twenty years old. C. C. Norris² quotes the statistics of Frank, Kelly and Cullen, McDonald and himself, comprising 3,091 cases, wherein it is shown that only 13.7 per cent of all cases occurred in the decade between twenty and thirty years, and that the youngest patient was twenty years of age. Lynch³ relates that Pick, Anspach and himself have found them in new-born children, and that Gusserow and Tillaux described the tumors in girls of ten, fourteen, sixteen: three at the age of eighteen, and eight at nineteen years. Yet, in his own series of 683 operative cases, no patient was under the age of twenty years. Hence,

* Compiled by Rebecca Davis Macartney.

Previous excerpts from the Macartney compilation were printed in the July issue (page 61), August issue (page 171), and September issue (page 278).

it would appear that this condition existing in a girl of eighteen years is of sufficient interest to warrant reporting.

REPORT OF CASE

On February 7, 1936, we were called to attend Miss F. A., aet. eighteen, who had been ill for ten days prior to this visit.

Chief Complaint.—Bleeding of a menorrhagic type for ten days.

Personal History.—In August, 1936, the patient had been exposed to pregnancy. Two weeks later she developed a discharge and reported to a physician, who made a diagnosis of trichomonas vaginalis and for that successfully treated her. There was no further history of discharge of any kind. Menstrual periods remained regular and of usual duration. No intermenstrual bleeding. No further interesting history appears until late in December, when the patient noted movements in her pelvis and lower abdomen, had a short period of nausea without vomiting, and a mild frequency of urination. This disappeared in about two weeks. Late in January she noted a swelling in her lower abdomen in which she claimed she could feel movements. These she described as a light tapping sensation. Periods still normal. No further developments occurred until the onset of her chief complaint.

Family History.—M. d. eighteen years ago, six days after the patient was born, from postpartum eclampsia, as near as can be determined. F. l. and w., German peasant stock, aet. forty-eight. Only suggestive family history is that of maternal aunt, l. and w., operated twice for uterine fibromata. One half-sister, l. and w., aet. thirteen.

Examination.—Girl of stated age, in bed, with marked evidence of secondary anemia, in no apparent pain, but with profuse bleeding from uterus. Aside from mild acceleration of pulse to 110, and paling of conjunctivæ, positive physical findings were confined to the abdomen and pelvis. There appeared to be a definite mass, directly in the midline, which on palpation was round and smooth, but rather harder than the pregnant uterus. In size it was comparable to the head of about a five- to six-month fetus. There was no evidence of any other tumor masses. Vaginal examination revealed a hard mass in the posterior fornix, rather harder than the pregnant uterus and without its usual doughy consistency. Visual examination with the speculum was impossible under the local conditions. No movements could be palpated. There was a marked bruit, but no evidence of fetal heart sounds.

Diagnosis.—Incomplete five- to six-month miscarriage; unruptured ectopic pregnancy; cystic ovary; dermoid cyst; atypical intramural fibroid.

Treatment.—Usual expectant treatment for incomplete abortion, i. e., fluid extract of ergot in dram doses, six such doses. Bleeding was interrupted, but not entirely stopped. Uterus failed to empty its contents.

After forty-eight hours of observation, it was decided to intervene surgically. The patient was accordingly transferred to the hospital and prepared for both dilatation and curettage and laparotomy. Blood count revealed a relative leukocytosis of 10,500; red blood cells, 2,950,000; hemoglobin, 55 Talquist. General preoperative condition was fair.

The cervix appeared nulliparous, and almost entirely obliterated along the posterior wall by a large, round, smooth mass. The sound was directed anteriorly by the same mass, as was the dilator. Gentle curettement resulted in small amounts of endometrium, curiously similar to that found in ectopic pregnancy. Practically no bleeding accompanied the curettage.

Immediately following this exploration, a laparotomy was performed through a midline incision. The uterus was found to be well into the abdomen. The tubes and ovaries were negative, except for a slight degree of edema of the tubes. The anterior wall of the uterus was negative, but the posterior wall was found to be involved in a relatively huge tumor mass extending from the internal cervical os to within a centimeter of the cornua. An attempt was made at myectomy, but the remaining wall was so thin and friable that the more radical supravaginal hysterectomy was performed, leaving the ovaries and tubes *in situ*. Closure was by the usual method. The patient left the table in fair condition.